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APPLICANTS							
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	CATIONS ************************************						
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Foreign Priority claimed	□ yes □ no	STATE OR	SHEETS	TOTAL	INDEPENDENT		
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ADDRESS 53148 HAMRE, SCHUMAN P.O. BOX 2902-0902 MINNEAPOLIS , MN 55402							
TITLE OPTICAL RECORDII	NG MEDIUM AND RECORDIN	IG METHOD FOR THE SA	AME				
			☐ All Fee	☐ All Fees			
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FILING FEE F	EES: Authority has been given to charge/credit	ES: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:		1.17 Fees (Processing Ext. of time)			
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